

## **WHO presence in countries, territories and areas: 2015 report**

1. The report on WHO's presence<sup>1</sup> in countries, territories and areas is an information document that covers (i) where WHO works in countries, territories and areas; (ii) the composition of WHO offices; (iii) how WHO works at country level; (iv) WHO's country-level work with partners; and (v) financing of WHO's work in countries, territories and areas.
2. This report uses data valid until 31 October 2014 for most of the indicators (unless noted otherwise). Therefore, it must be recognized that the situation in many of the reported areas has evolved since the production of this report. An updated report is currently in preparation; it will be made available as an information document for the Seventieth World Health Assembly.
3. The information contained in this report was obtained through:
  - a comprehensive online survey administered to all heads of WHO offices in countries, territories and areas, with data collected between October 2014 and January 2015. The survey instrument consisted primarily of quantitative multiple-choice questions, with a smaller number of open-ended questions;
  - information from central sources, including WHO's Global Management System and the database of heads of WHO offices in countries, territories and areas, managed by the Department of Country Cooperation and Collaboration with the UN system;
  - external sources of data on engagement in global health initiatives (such as the International Health Partnership for Universal Health Coverage by 2030 (IHP+), the United Nations Development Group, the Global Fund for AIDS, Tuberculosis and Malaria, and the GAVI Alliance);
  - previous WHO country presence reports.

### **Where WHO works in countries, territories and areas**

4. WHO has 149 offices in countries, territories and areas, six regional offices and the headquarters in Geneva to fully discharge its duty of supporting its 194 Member States and two Associate Member States (Puerto Rico and Tokelau). Of those, 146 offices are in countries and three

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<sup>1</sup> WHO country presence is the platform for effective collaboration with countries for advancing the global health agenda, contributing to national strategies, and bringing country realities and perspectives into global policies and priorities. This refers to the work of the Secretariat as a whole. (WHO Medium-term strategic plan 2008–2013).

are in territories and areas (these are field offices, namely the WHO Office in Pristina, the WHO Office in West Bank and Gaza Strip, and the Office of Caribbean Program Coordination located in Barbados). A total of 36 Member States and Associate Member States do not have a WHO office, nor are they covered by other WHO offices from neighbouring countries. Technical and normative support for these countries is provided by the respective regional offices and WHO headquarters.

5. There are 153 WHO sub-offices across the six regions: 78 in the African Region, 18 in the Region of the Americas, 32 in the Eastern Mediterranean Region, nine in the European Region, nine in the South-East Asia Region and seven in the Western Pacific Region. WHO's presence at subnational level is mainly directed either at supporting work in very large or highly decentralized countries with specific needs, as well as in countries in fragile situations, or at supporting polio eradication.

### **Composition of WHO offices in countries, territories and areas**

6. When analysing the gender ratio of heads of WHO offices in countries, territories and areas over time, there has been a general improvement in the male to female ratio, most marked in the Western Pacific Region. The greatest discrepancy in 2014 remained in the Eastern Mediterranean Region, with a ratio of 3.7:1, followed by the Western Pacific Region, with a ratio of 3.3:1, and the African Region, with 2.9:1; the European Region has more female than male heads of WHO offices in countries, territories and areas.

7. The majority (69%) of heads of WHO offices have worked for WHO for more than 11 years before taking up their post as head. Within the six WHO regions, 42% of the heads of WHO offices in countries, territories and areas at the time of the survey had been working in the same duty station for between one and three years; 21% had been working for between three and five years; 16% had been working for more than five years; and 21% had been at the same duty station for less than one year.

8. The average age of heads of WHO offices in countries, territories and areas in 2014 ranged from 48.9 years in the European Region to 54.1 years in the South-East Asia Region, 55.0 years in the Eastern Mediterranean and Western Pacific regions, 56.1 years in the African Region and 57.7 years in the Region of the Americas. The average age of heads of WHO offices in the European Region is significantly lower than in the other regions because the holders of these posts in that Region are generally national professional officers, not internationally recruited staff, and are therefore subject to different requirements for years of experience. The number of heads of WHO offices in countries, territories and areas who are aged 50 years or older is quite significant (78.0%). By 2020, 54% of the current heads will have retired.

9. The European Region draws a large proportion (76%) of its heads of WHO offices in countries, territories and areas from outside the United Nations system. In the other regions, the bulk of heads is drawn from country and regional offices, with a relatively small proportion coming from other organizations of the United Nations system, and only 3% recruited from WHO headquarters.

10. On average, WHO reassigns 22 heads of WHO offices in countries, territories and areas every year, either to other country offices as heads, to regional offices or to headquarters to oversee technical or management functions. Most reassignments of heads of such WHO offices take place within the same region, rather than to other regions or headquarters.

11. Office personnel range from two people (in eight country offices in the European Region) to 2140 in India (including all staff and non-staff). However, the number of staff in India has increased significantly owing to polio operations.

12. When the survey was carried out (October 2014), WHO had in total about 3600 staff members at country level; 18% were international professional officers, 28% were national professional officers and 54% were general service staff. The largest percentages of international professional officers were in the Region of the Americas (40%), the Western Pacific Region (27%) and the Eastern Mediterranean Region (25%), while the European Region had a small percentage of international professional officers (13%), since most staff members are fixed-term national professional officers. The African Region had the smallest percentage of international professional officers (11%), although that region employed 49% of all WHO staff worldwide and had 32% of all the WHO offices in countries, territories and areas.

### **How WHO works at country level**

13. To date, 116 (78%) of the 149 countries, territories and areas in which WHO is physically present have developed country cooperation strategies. These strategies are used widely in five regions, but the European Region uses an alternative tool (biennial collaborative agreements) as a basis for WHO's programme of technical cooperation with countries.

14. Globally, the number of strategic priorities in country cooperation strategies ranged from 2 to 18. Seventy-four per cent of such strategies have 2–5 strategic priorities; the vast majority of the remainder have 6–10, with less than 1% of them having over 10. This shows a reduction in the number of strategic priorities compared with 2012, when only 58% of country cooperation strategies had 3–5 priorities.

15. Forty-three per cent of the countries had a time frame for the country cooperation strategies that was aligned with the time frame of the national health policy, strategy or plan, an increase of 7% compared with 2012.

16. According to respondents, technical missions and visits contributed to strengthening national capacity and to improving the managerial and technical skills of country teams to better respond to the priorities agreed in the country cooperation strategy. Staff from other levels of the Organization visited 95% of the 149 offices in countries, territories and areas during the year; 49% of those visits were by staff from regional offices and 18% by staff from WHO headquarters. Subregional offices (in the African Region, the Region of the Americas and the Western Pacific Region) accounted for 20% of the visits to WHO offices in countries, areas and territories. Joint visits by staff from regional offices and WHO headquarters represented 13% of all visits.

17. Visits related to universal health coverage were most frequent in the African Region and the Region of the Americas. Forty-five per cent of visits related to the Millennium Development Goals were in the African Region, while visits related to noncommunicable diseases were more prevalent in the European Region. The Region of the Americas and the African Region had the highest prevalence of visits related to the International Health Regulations (2005). The African Region accounted for 43% of all visits related to increased access to medical products, while the European Region accounted for 29% of visits related to social determinants of health.

18. In accordance with the principles of accountability and transparency, WHO country offices undertake periodic joint reviews of their workplans with government to monitor implementation and, if necessary, to realign their cooperation to countries' priorities. Seventy-seven per cent of country offices reported the existence of a joint WHO/government mechanism for monitoring of workplans.

## **WHO's work with partners at country level**

19. WHO offices in countries, territories and areas play a key role in supporting government mechanisms that coordinate partners in the health sector. Health sector coordination mechanisms were reported by 113 (76%) of the 149 countries where WHO is present. Country office staff chair or co-chair these government-led health sector coordination mechanisms in 54 countries (48%), and country offices host the secretariat for health sector coordination activities in 24% of those countries with coordination mechanisms.

20. In line with the principles of the Paris Declaration on Aid Effectiveness, country office staff play an active role in joint annual health sector reviews to monitor the effective implementation of national health policies, strategies and plans. Staff from a total of 95 WHO offices in countries, territories and areas participated in joint annual health sector reviews with governments and partners, with staff from 76 of those offices (80%) playing a role in organizing the joint annual review.

21. A total of 116 (76%) WHO offices in countries, territories and areas reported being involved in mobilizing resources for health in countries. All these 116 offices supported the government in building national capacity for strategic resource mobilization. Staff from WHO offices in countries, territories and areas also supported ministries of health in developing 502 resource mobilization proposals, including proposals for the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and emergency funds such as the Central Emergency Response Fund. Of these, WHO supported 145 (29%) proposals in the African Region, 103 (21%) in the Region of the Americas, 99 (20%) in the Eastern Mediterranean Region, 62 (12%) in the European Region, 42 (8%) in the South-East Asia Region and 51 (10%) in the Western Pacific Region.

22. A total of 136 (91%) WHO offices in countries, territories and areas work with non-health ministries to promote health. Key ministries with which many offices reported working include those dealing with social welfare, agriculture, foreign affairs, finance, women and/or gender issues, and transport.

23. WHO offices in countries, territories and areas led health clusters in 20 out of the 23 countries (87%) in which a health cluster was activated. Staff in such offices play an active leadership role in coordinating health thematic groups within United Nations Country Teams, chairing or co-chairing 78% of those thematic groups.

24. Staff from a total of 91 WHO offices in countries, territories and areas participate in thematic groups within United Nations Country Teams in fields other than health. In 27 countries, heads of WHO offices in countries, territories and areas chair or co-chair various thematic groups, while 65% of office heads assume the role of acting United Nations Resident Coordinator – in some cases for more than six months. Staff from 88% of WHO offices in countries, territories and areas participate in joint activities organized by the Resident Coordinator's office, ranging from joint assessments to media campaigns (such as on observance of United Nations international days).

25. A United Nations Development Assistance Framework exists in 128 or 86% of the 149 countries, territories and areas in which WHO has an office. Since engaging in developing and implementing such a framework is part of WHO's core business at the country level, WHO has participated in developing and implementing 119 frameworks. A total of 117 (91%) of the existing 128 such frameworks have health components in their outcomes and/or outputs. This is an increase compared with 2012, when only about two thirds of the frameworks had health components in their outcomes or output. Staff from WHO offices in countries, territories and areas led the development of

the health component of the United Nations Development Assistance Framework in 65 countries and co-led in an additional 51 countries.

26. Staff from WHO offices in countries, territories and areas chair or co-chair 58% of the existing groups under the IHP+ mechanism in countries, territories and areas. In addition, many WHO offices across all regions actively promote and support the seven behaviours advocated by IHP+ at country level.

27. A total of 95 WHO offices in countries, territories and areas reported mechanisms for coordination among partners in health. Globally, staff from these WHO offices chair or co-chair about half of these mechanisms. They include representatives of bilateral development partners, multilateral agencies, funds and philanthropic foundations, nongovernmental organizations and civil society, the private sector and academic institutions. In addition to chairing partners' coordination mechanisms for health in countries, staff from WHO offices in countries, territories and areas also play other key roles, including providing a secretariat and acting as chair on a rotating basis.

28. A total of 107 WHO offices in countries, territories and areas – 85% of the 126 countries in which the Global Fund to Fight AIDS, Tuberculosis and Malaria is active – reported being engaged in providing technical support and/or capacity-building for country disease control programmes and health system strengthening in connection with accessing, implementing and reporting using Global Fund grants.

29. Globally, about three quarters of WHO offices in countries, territories and areas participate in at least one United Nations common service. However, the level of participation varies by WHO region: 46% in the Region of the Americas, 53% in the Western Pacific Region, 60% in the European Region, 82% in the South-East Asia Region, 92% in the African Region and 94% in the Eastern Mediterranean Region. Compared with 2012, this participation increased somewhat in the Eastern Mediterranean Region (from 79% to 94%) and the Western Pacific Region (from 44% to 53%), while in the other four regions it declined slightly.

### **Financing of WHO's work in countries, territories and areas**

30. As at September 2014, the total funds available to the 149 WHO offices to support WHO's programme of technical cooperation in countries, territories and areas were US\$ 1.829 billion, compared with total planned costs of US\$ 2.296 billion under the Programme budget 2014–2015.

31. For the biennium 2014–2015, 16% of the money for WHO's work in countries, territories and areas came from assessed contributions – meaning that more than 80% of funding came from voluntary contributions (including core voluntary contributions and specified voluntary contributions), outbreak, crisis and response resources and pass-through funds.

32. A total of 100 (67%) of the 149 WHO offices in countries, territories and areas reported being engaged in country-level resource mobilization to fund their approved workplans. Resources were mobilized from a variety of sources such as multilateral agencies (19%), governments (23%), bilateral development agencies (37%) and other sources, including Multi-Donor Trust Funds (21%).

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